

Dermatology Medications

Enrollment Form

325 Folly Road Suite 101 Charleston, SC 29412 PH: (843) 501-9500 FAX: (843) 414-7453

Date:

Product Substitution Permitted

specialty & compounding

Prescriber Signature: _

Dispense as Written

Patent Information: Patent Name: Address: City, State, Zip: Main Phone: Last 4 of SSN: Height o in or Weight obe of Female NSURANCE INFORMATION: PLEASE FAX A COPY OF PRESCRIPTION CARD AND MEDICAL CARD (FRONT AND BACK) Clinical Information: Statement of Medical Necessity Primary Diagnosis: Date of Diagnosis! Date of Diagnosis! Clinical Information: Statement of Medical Necessity Primary Diagnosis: Location: Very Name of Diagnosis! Years with Disease: Severity: Official Information: Statement of Medical Necessity Primary Diagnosis: Location: Very Name of Diagnosis! Years with Disease: Severity: Official Information: Statement of Medical Necessity Primary Diagnosis: Location: Very Name of Diagnosis! Years with Disease: Severity: Official Information: Statement of Medical Necessity Primary Diagnosis: Location: Very Name of Prescription Information: Statement of Medical Name of Diagnosis! Years with Disease: Severity: Official Information: Very Name of Diagnosis! Years with Disease: Severity: Official Information: Very Name of Diagnosis! Years with Disease: Severity: Official Information: Very Name of Diagnosis! Years with Disease: Severity: Official Information: Very Name of Diagnosis! Years with Disease: Severity: Official Information: Very Name of Diagnosis! Very Name of Diagnosis! Very Name of Diagnosis! Very Name of Diagnosis! Official Information: Very Name of Diagnosis! Offic	Date:	Needs by date:		Ship to: Patient Office: Other:		_
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Seventy: O Moderate o Moderate to Sevens o Sevense Prior Failed medications: Current Medications: Current Medications: Current Medications: Does patient have a latex allergy? Yes o No Has patient received TSMPP Description from the medications: Medication Does of Strongth Available O Strongth Available	ICD -10 code:	L40.0 Psoriasis L40.50 Psoriatic Arthritis	 L20.9 Atopic Dermatitis 	 L73.2 Hidradenitis Suppurativa Other ICD-10 Code: 		
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Prior Failed medications: Covernt Medications: Does patient have a latex allergy? Yes No Has patient received TEMPD test? Yes No PPD Test date: / _ Result: Medication						_
Does patient have a latex allergy? • Yes • No Has patient received TB/PDD lest? • Yes • No Current SCr. CCI: mL/min Medication Dose/ Strength Available Discording	,		, ,	•		
Medication						
Medication Dose/Strength Available Directions Output Direction			K	tenai Dystunction: • Yes • No Current SCr: CrG: _		
Medication Dose Strength Available Induction Inject 150 mg SC ONCE weekly vises 0, 1, 2, 3, and 4	Does patient ha	ve a latex allergy? ○ Yes ○ No			Result:	
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Dobardyne 0 00 mg/mt (2 + 150 mg) Piem 0 00 mg/mt (2 +	0					
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Usuposen* 0 - Sumg ZmL Premied Syringe O Maintenance: Inject 300 mg once EVERY OTHER week O Enter		o 300 mg/mL (2 x 150 mg) Prefilled Syringe				
o Enterel® of Perein Survey (as so Simplify Survey) (as So Simplify Prefilled Syringe of Humaria® of Amplitude (as Simplify Survey) (as Heridadenilis Suppurativa Starter Kit of Amplitude (as Simplify Survey) (as Heridadenilis Suppurativa Starter Kit of Amplitude (as Heridadenilis Suppurativa Starter Kit of Organicia Starter Kit of Amplitude (as Heridadenilis Suppurativa Starter Kit of Organicia St	Dupixent®	o 300mg/2mL Prefilled Syringe				
O Floridar O Singhim Sunceliok Singhim Singhim Sunceliok Singhim S			o Induction: Inject 50 mg SC	TWICE a week (72.96 hours apart) for 3 months		
o 50 mg/mL Prefilled Syringe ○ Hunrira® ○ Hiddedmits Suppupativa States Kit ○ PS Maintenance: Injeet 40 mg SC EVERY OTHER week ○ PS Maintenance: Injeet 40 mg SC DNCE weekly beginning on day 2.2 mg in AM and 10 mg in PM; Day 3: 10 mg in AM and 30 mg in PM; Day 3: 10 mg in AM and 20 mg in PM; Day 5: 20 mg in AM and 20 mg in PM; Day 5: 20 mg in AM and 20 mg in PM; Day 5: 20 mg in AM and 30 mg in PM; Day 6 and thereafter: 30 mg shore daily ○ Real dosing CCC! 30 ml/min Induction: 10 mg in AM on add 20 mg in PM; Day 5: 20 mg in AM and 30 mg in PM; Day 6: 20 mg in AM and 20 mg in PM; Day 5: 20 mg in AM and 30 mg in PM; Day 6: 20 mg in AM and 30 mg in PM; Day 6: 20 mg in AM and 20 mg in PM; Day 5: 20 mg in AM and 30 mg in PM; Day 6: 20 mg in AM and 20 mg in PM; Day 5: 20 mg in AM and 30 mg in PM; Day 6: 20 mg in AM and 20 mg in PM; Day 5: 20 mg in AM and 30 mg in PM; Day 6: 20 mg in AM and 30 mg in PM; Day 6: 20 mg in AM and 30 mg in PM; Day 6: 20 mg in AM and 30 mg in PM; Day 6: 20 mg in AM and 30 mg in PM; Day 6: 20 mg in AM and 30 mg in PM; Day 6: 20 mg in AM and 30 mg in PM; Day 6: 20 mg in AM and 30 mg in PM; Day 6: 20 mg in AM and 30 mg in AM and 30 mg in PM; Day 6: 20 mg in AM and 30 mg in PM; Day 6: 20 mg in AM and 20 mg in AM and 20 mg in PM; Day 5: 20 mg in AM and 20 mg i						
O Hunira* O Hun	○ Ereizi ™		 Child ≥ 4 y/o Inject 0.8mg/kg =mg (max of 50mg) SC ONCE weekly 			
O'Herrare O Hurriare O Hurriare O All mgr) 8 m. Per o 40 mg/08 m. Per no 40 mg/04 m. Per			PS Induction: Inject 80 mg	(2 x 40 mg) SC on day 1 , then 40 mg on day 8 , then 40 mg EVERY	+	
o Cytlezia™ o 40 mg)0.8 mL Prefilled Syringe o Himiria® Citrate-free o 40 mg)0.4 mL Pen			OTHER week.			
o Humira® Citrate-free o 40 mg/0.4 mt. Pen o 40 mg/0.4 mt. Pen o 40 mg/0.4 mt. Prefilled Syringe o Induction with Oral Tablets: Day 1: 10 mg in AM, Day 2: 10 mg in AM and 10 mg in PM; Day 3: 10 mg in AM and 20 mg in PM; Day 4: 20 mg in AM and 20 mg in PM; Day 5: 20 mg in AM and 30 mg in PM; Day 5: 20 mg in AM and 30 mg in PM; Day 5: 20 mg in AM and 20 mg in PM; Day 5: 20 mg in AM and 30 mg in PM; Day 6 and thereafter: 30 mg loved adults of the part of the	o Amjevita ™	1	PS Maintenance : Inject 40	0 mg SC EVERY OTHER week	_	
Starter Therapy Pack Induction with Oral Tablets: Day 1: 10 mg in AMi, Day 2: 10 mg in AMi and 30 mg in PMi, Day 3: 10 mg in AMi and 20 mg in PMi, Day 5: 20 mg in AMi and 30 mg in PMi, Day 6 and thereafter: 30 mg hote daily. Ami and 20 mg in PMi, Day 5: 20 mg in AMi and 30 mg in PMi, Day 5: 2			O HS Induction part 1 for HS: Inject 160 mg (4 x 40 mg) SC on day 1, Inject 80 mg (2 x 40 mg) SC on day 15 O HS Maintenance: Inject 40 mg SC ONCE weekly beginning on day 29			
Otezla® Ot	O Hullilla Gillale-liee					
Otezla® Stafer Therapy Pack						
Cleatale®		Otanta Thanas Barb				
evening doses) to 20 mg on days 4.5. Day 6 and thereafter: 30 mg once daily in AM Skyrizi M To 5 mg / 0.83 mL. Prefilled Syringe Induction: Inject 150 mg (2 x 75 mg) SC ONCE at weeks 0 and 4	Otezla®	Starter Therapy Pack				
Skyrizi Maintenance: 30 m Jumin Maintenance: 30 m	- 11-1-1		evening doses) to 20 mg on days 4-5. Day 6 and thereafter: 30 mg once daily in AM			
Skyrizi M O 75 mg/ 0.83 mL Prefilled Syringe O Induction: Inject 150 mg (2 x 75 mg) SC ONCE at weeks 0 and 4 O Maintenance: Inject 150 mg SC every 12 weeks O Induction: Inject 150 mg SC at weeks 0, 1, and 2 Maintenance: Inject 210 mg SC or avery 2 weeks O 100 mg Vial O Induction: Infuse 5 mg/kg =mg IV at weeks 0, 2, and 6 Maintenance: Inject 210 mg SC or avery 2 weeks O Induction: Infuse 5 mg/kg =mg IV at weeks 0, 2, and 6 Maintenance: Inject 250 mg V at weeks 0, 2, and 6 Maintenance: Inject 250 mg V at weeks 0, 2, and 6 Maintenance: Inject 50 mg SC ONCE A MONTH Simponi® O 50 mg/ 0.5 mL Prefilled Syringe O 50 mg/ 0.5 mL Prefilled Syringe (Wt > 100kg) O 50 mg/ 0.5 mL Prefilled Syringe (Wt > 100kg) O 80 mg/mL Prefilled Syringe (Wt > 100kg) O 80 mg/mL Autoinjector O 80 mg/mL Prefilled Syringe O Induction: Inject 150 mg SC ONCE, then 80 mg at week 2,4,6,8,10, and 12 Maintenance: Inject 80 mg SC overy 4 weeks O 100mg/ml Prefilled Syringe O Induction: Inject 100 mg SC ONCE, then 80 mg at week 2,4,6,8,10, and 12 O 200 mg/mL Vial O 200 mg/mL Prefilled Syringe O Induction: Inject 100 mg SC ONCE at weeks 0 and 4 Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0.2, and 4 Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0.2, and 4 Maintenance: Inject 400 mg (2 x 20 mg) SC ONCE at weeks 0.2, and 4 Maintenance: Inject 400 mg (2 x 20 mg) SC ONCE at weeks 0.2, and 4 Maintenance: Inject 400 mg (2 x 20 mg) SC ONCE at weeks 0.2, and 4 Maintenance: Inject 400 mg (2 x 20 mg) SC ONCE at weeks 0.2, and 4 Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0.2, and 4 Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0.2, and 4 Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0.2, and 4 Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0.2, and 4 Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0.2, and 4 Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0.2, and 4 Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0.2, and		o 30 mg Oral Tablets				
Skyrizum		○ 75 mg/ 0.83 ml. Prefilled Syringe			+	
Siliq®	Skyrizi™	73 mg/ 0.03 mc r remied Syninge				
Remlicade® Inflectra®	Silia®	o 210 mg/ 1.5 mL Prefilled Syringe	o Induction: Inject 210 mg SC at weeks 0, 1, and 2			
o Inflectra® o 100 mg Vial o Inflectra® o 100 mg Vial o Inflectra® o Renffexis ™ o 50 mg/ 0.5 mL SmartJect o 10 mg SC ONCE A MONTH Stelara® o 45 mg/ 0.5 mL Prefilled Syringe (Wt ≤100kg) o 90 mg/mL Prefilled Syringe (Wt >100kg) inject 45 mg on day 0, then week 4, then every 12 weeks o 90 mg/mL Prefilled Syringe (Wt >100kg) inject 90 mg on day 0, then week 4, then every 12 weeks o 90 mg/mL Prefilled Syringe (Wt >100kg) inject 90 mg on day 0, then week 2,4,6,8,10, and 12 o Induction: Inject 160 mg SC ONCE, then 80 mg at week 2,4,6,8,10, and 12 o Maintenance: Inject 80 mg os 2 every 4 weeks 0 and 4 o Maintenance: Inject 80 mg os 2 every 4 weeks 0 and 4 o Maintenance: Inject 100 mg SC at weeks 0 and 4 o Maintenance: Inject 100 mg SC every 8 weeks 0 and 4 o Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0, 2, and 4 o Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0, 2, and 4 o Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0 and 4 o Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0, 2, and 4 o Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0 and 4 o Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0, 2, and 4 o Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0 and 4 o Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0 and 4 o Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0 and 4 o Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0 and 4 o Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0 and 4 o Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0 and 4 o Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0 and 4 o Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0 and 4 o Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0 and 4 o Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0 and 4 o Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0 and 4 o Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0 and 4 o Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0 a	<u> </u>		Maintenance: Inject 210 n	ng SC once every 2 weeks		
Simponi® 0 50 mg/ 0.5 mL SmartJect 0 50 mg/ 0.5 mL Prefilled Syringe 0 Inject 50 mg SC ONCE A MONTH Stelara® 0 45 mg/ 0.5 mL Prefilled Syringe (Wt ≤100kg) 0 90 mg/mL Prefilled Syringe (Wt ≥100kg: Inject 45 mg on day 0, then week 4, then every 12 weeks 0 90 mg/mL Prefilled Syringe (Wt ≥100kg: Inject 90 mg on day 0, then week 4, then every 12 weeks 0 90 mg/mL Prefilled Syringe (Wt ≥100kg: Inject 160 mg SC ONCE; then 80 mg at week 2,4,6,8,10, and 12 0 Maintenance: Inject 160 mg SC every 4 weeks 0 mg/mL Prefilled Syringe 0 Induction: Inject 100 mg SC every 4 weeks 0 mg/mL Prefilled Syringe 0 Induction: Inject 100 mg SC every 8 weeks 0 mg/mL Prefilled Syringe 0 Induction: Inject 100 mg SC every 8 weeks 0 mg/mL Prefilled Syringe 0 Induction: Inject 100 mg SC every 8 weeks 0 mg/mL Vial 0 Induction: Inject 100 mg SC every 8 weeks 0 mg/mL Prefilled Syringe 0 Induction: Inject 200 mg once EVERY OTHER week 0 Maintenance: Inject 200 mg once EVERY OTHER week 0 Maintenance: Inject 400 mg (2 x 200 mg) once every 4 weeks 0 mg/mL Prefilled Syringe 0 125 m		○ 100 mg Vial				
Simponi®	Renflexis™	,	Maintenance: Infuse 5 mg	g/kg = mg IV every δ weeks		
Stelara®	Simponi®	, ,	o Inject 50 mg SC ONCE A	MONTH	T	
Solution of the state of the s	<u> </u>		, ,		+	
Orencia ® 0 mg/ mL Prefilled Syringe		○ 90 mg/mL Prefilled Syringe (Wt >100kg)	 Wt >100kg: Inject 90 mg c 	on day 0, then week 4, then every 12 weeks		
Tremfya ™ o 100mg/ml Prefilled Syringe o Induction: Inject 100 mg SC at weeks 0 and 4 o Maintenance: Inject 100 mg SC every 8 weeks Cimzia ® o 200 mg/mL Vial o 200 mg/mL Prefilled Syringe Starter Kit 6 x 200 mg/mL o Starter Kit 6 x 200 mg/mL o Maintenance: Inject 400 mg (2 x 200 mg) SC ONCE at weeks 0, 2, and 4 o Maintenance: Inject 200 mg once EVERY OTHER week Orencia ® o 125 mg/mL ClickJect o 125 mg/mL Prefilled Syringe o 87.5 mg/ 0.7 mL Prefilled Syringe o 125 mg/mL Pre	Taltz®					
Orencia ® 200 mg/mL Vial	Tremfva ™	, ,			+	
o 200 mg/mL Prefilled Syringe o Starter Kit 6 x 200 mg/mL Orencia ® Orencia ® 125 mg/mL ClickJect 50 mg/ 0.4 mL Prefilled Syringe 87.5 mg/ 0.7 mL Prefilled Syringe 125 mg/mL Prefilled Syringe 126 mg/mL Prefilled Syringe 126 mg/mL Prefilled Syringe 126 mg/mL Prefilled Syringe 127 mg/mL Prefilled Syringe 126 mg/mL Prefilled Syringe 127 mg/mL Prefilled Syringe 127 mg/mL Prefilled Syringe 128 mg/mL Prefilled Syringe 129 mg/mL Prefilled Syringe 12	nonnya ····	100mg/ml Prefilled Syringe	Maintenance: Inject 100 n	ng SC every 8 weeks		
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Orencia ® o 125 mg/mL ClickJect o 50 mg/ 0.4 mL Prefilled Syringe o 87.5 mg/ 0.7 mL Prefilled Syringe o 125 mg/mL Prefilled Syringe o 125 mg/m V every 0, 2, 4 weeks o 125 mg, V overy 100 kg = 1000 mg o 125 mg/l V every 4 weeks o 125 mg/l						
Comparison of the Prefilled Syringe Comparison of the Prefilled Syringe Some of the Some of the Some of the Prefilled Syringe Some of the Some of	Orencia ®				+	
o 87.5 mg/ 0.7 mL Prefilled Syringe o 125 mg/mL Prefilled Syringe o 250 mg Vial Eucrisa ™ O 2% Ointment – 60 g tube Other: No Maintenance: Initise weight based dose ing IV every 4 weeks	2.3.000	, ,	[<	60 kg = 500 mg; 60-100 kg = 750 mg; > 100 kg = 1000 mg]		
o 125 mg/mL Prefilled Syringe o 250 mg Vial conce weekly (may initiate SC with or without IV induction) Eucrisa ™ o 2% Ointment – 60 g tube Apply a thin layer to affected area(s) TWICE DAILY Other:						
Case mg vial - With IV induction start SC injection within 24 hrs of the IV infusion Eucrisa ™ - With IV induction start SC injection within 24 hrs of the IV infusion Apply a thin layer to affected area(s) TWICE DAILY Other: - Case The IV infusion		125 mg/mL Prefilled Syringe				
Eucrisa TM		o 250 mg Vial		ith IV induction start SC injection within 24 hrs of the IV infusion		
		o 2% Ointment – 60 g tube	Apply a thin layer to affected	area(s) TWICE DAILY		
ys signing this form and utilizing our services, you are authorizing Dottie's Pharmacy and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies. Important Notice: This form is intended to be delivered only to the named addressee. Confidential information may be protected health information under federal and state laws. If you receive this communication in error do not review, disclose, disseminate distribute or copy. Please notify the sender immediately and destroy all copies and any attachments.	Other:					
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